

MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation

OATH REGARDING SIGNATURE ON CHECK

STATE OF MAINE

COUNTY OF _____SS

I, _____ (Date of Birth) _____
Social Security No. _____ of (city or town) _____ of the
county of _____ in the State of Maine, after being duly sworn, depose and say,
that my name appears on Check No. _____, issued by the Maine Department of Labor,
Bureau of Unemployment Compensation, on _____ in the amount of
\$ _____ was not signed by me and that I neither authorized nor consented for any
other person to sign my name to this check. I reported this forgery
to _____ Police Department on (date) _____.

Dated _____ Signed _____

SAMPLE SIGNATURES

STATE OF MAINE

COUNTY OF _____SS

After being duly administered the oath, _____ swore
before me that the foregoing statement is the truth and signed this document in my presence.

(Law Enforcement Agency or Notary Public)

Complaint Number _____

FOR OFFICE USE ONLY

